

EXHIBIT H

Plaintiffs' First Request for Admissions Propounded to All Defendants

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE

DANIEL LOVELACE and
HELEN LOVELACE, Individually, and as Parents of
BRETT LOVELACE, deceased,

Plaintiffs,

VS.

NO.: 2:13-cv-02289 dkv
JURY TRIAL DEMANDED

PEDIATRIC ANESTHESIOLOGISTS, P.A.;
BABU RAO PAIDIPALLI; and,
MARK P. CLEMONS,

Defendants.

PLAINTIFFS' FIRST REQUEST FOR ADMISSIONS
PROPOUNDED TO ALL DEFENDANTS

Come the Plaintiffs, DANIEL LOVELACE and wife, HELEN LOVELACE, individually, and as parents of BRETT LOVELACE, deceased, by and through counsel, pursuant to Rule 36 of the Federal Rules of Civil Procedure and for their Request for Admissions Propounded to all Defendants, make the following requests of all the Defendants to admit the truth of the matters which are related herein, under oath, and return said responses to Plaintiff in the time and manner requested:

REQUEST FOR ADMISSIONS TO DR. MARK P. CLEMONS

REQUEST NO. 1: Admit that Plaintiffs' decedent, Brett Lovelace, was a healthy active 12 year old boy at the time of his admission to LeBonheur Children's Hospital on March 12, 2012,

for a tonsillectomy and adenoidectomy (hereinafter "T&A"), as described in Le Bonheur's Pre-Op Surgical History & Physical (pg. 0007) and Pre-Operative History (pg. 0455), attached hereto as Ex. "A".

REQUEST NO. 2: Admit that the reason Brett Lovelace was admitted to have a T&A to LeBonheur Children's Hospital, instead of Crittenden Memorial Hospital, West Memphis, Arkansas 72301, because he tossed and turned a lot during sleep, snored, had asthma, was a mouth breather, or was overly tired in the evening, or any of these.

REQUEST NO. 3: Admit that you recommended Le Bonheur Children's Hospital as the place for this surgery because it was believed to be a safer hospital for Brett Lovelace's surgery, considering his history.

REQUEST NO. 4: Admit that you told the parents following the completion of the T&A that the surgery went well and that Brett was doing fine and they could join him in the Le Bonheur recovery room.

REQUEST NO. 5: Admit that when you last saw Brett Lovelace as he arrived from the surgical suite to the PACU, he was face down on the gurney in a prone position, prior to your leaving Le Bonheur and later being called and informed that he had coded.

REQUEST NO. 6: Admit that when you spoke to the parents after the surgery when Brett Lovelace was in the PACU, he was face down in a prone position on the gurney, and you

questioned his parents about whether the prone position Brett was in, was a normal sleeping position for him, and they said “no”.

REQUEST NO. 7: Admit that you gave no orders, caution, warning or instructions to the PACU nurse, Kish, or to any other Le Bonheur hospital personnel, and did not intervene in any way to ensure that Brett’s airway was clear when he arrived in the PACU, and did not determine that he was oxygenating and ventilating properly following surgery.

REQUEST NO. 8: Admit that you failed to ensure that Brett was fully awakened from anesthesia and conscious (AAOX3) prior to leaving the PACU after the surgery, and specifically, after you saw Brett in a prone position on the gurney and discussed the matter with the parents.

REQUEST NO. 9: Admit that you did not call for an anesthesiologist to awaken or assess Brett Lovelace in the PACU to ensure that he was fully awakened from anesthesia and alert, after seeing Brett in a prone position and being aware of the patient’s high risk of respiratory and airway compromise prior to leaving the hospital on the date of the surgery.

REQUEST NO. 10: Admit that you took no action and failed to intervene to appropriately correct the improper face-down positioning of the patient after the T&A surgery and prior to your leaving the patient in the PACU and departing the hospital.

REQUEST NO. 11: Admit that the drawing attached hereto and identified as Ex. “B” [Brett Lovelace’s Postoperative Positioning & Mechanism of Asphyxia], is a fair and accurate

depiction of Brett Lovelace at the time of his arrival in the PACU at 10:30 a.m. on March 12, 2013, and when you left him in the PACU.

REQUEST NO. 12: Admit that the drawing attached hereto and identified as Ex. “C” [3/12/12 Head CT Findings], is a fair and accurate depiction of Brett Lovelace’s brain showing diffuse cerebral edema with loss of sulci and compression of ventricular system after he went into cardiac arrest in the PACU at 11:59 a.m. on March 12, 2013.

REQUEST NO. 13: Admit that the drawing attached hereto and identified as Ex. “D” [3/14/12 Head CT Findings – showing brain dead], is a fair and accurate depiction of Brett Lovelace’s brain subsequent to 11:59 a.m. on March 12, 2013.

REQUEST NO. 14: Admit that the drawing attached hereto and identified as Ex. “E” [Adenoidectomy and Tonsillectomy Surgery], is a fair and accurate depiction or representation of the surgery performed on Brett Lovelace by Dr. Mark P. Clemons at approximately 9:19 a.m. on March 12, 2013 at Le Bonheur Children’s Hospital.

REQUEST NO. 15: Admit that the drawing attached hereto and identified as Ex. “F” [Cerebral Edema and Hypoxia], is a fair and accurate depiction of what happened to Brett Lovelace’s brain during the time his airway was blocked and he was unattended in PACU subsequent to his T&A surgery on March 12, 2013 at Le Bonheur Children’s Hospital.

REQUEST NO. 16: Admit that the drawing attached hereto and identified as Ex.

“G” [Normal Brain - Herniations], is a fair and accurate depiction of a normal brain prior to and after an event of the sort that occurred to Brett Lovelace after the T&A surgery of March 12, 2013 at Le Bonheur Children’s Hospital.

REQUEST NO. 17: Admit that the drawing attached hereto and identified as Ex.

“H” [Timeline of Care], which was created from the actual Le Bonheur Hospital medical records, is a fair and accurate chronology of the medical care rendered to Brett Lovelace on March 12, 2013 at Le Bonheur Children’s Hospital.

REQUEST FOR ADMISSIONS TO BABU RAO PAIDIPALLI

REQUEST NO. 1: Admit that Plaintiff’s decedent, Brett Lovelace, was a healthy active 12 year old boy at the time of his admission to LeBonheur Children’s Hospital on March 12, 2012, for a tonsillectomy and adenoidectomy (hereinafter “T&A”), as described in Le Bonheur’s Pre-Op Surgical History & Physical (pg. 0007) and Pre-Operative History (pg. 0455), attached hereto as Ex. “A”.

REQUEST NO. 2: Admit that you failed to personally ensure that Brett Lovelace was appropriately, safely and timely monitored and assessed in the PACU prior to leaving the patient after surgery, or afterwards.

REQUEST NO. 3: Admit that the patient, Brett Lovelace, was not fully awake and breathing normally at the time you transferred his care to the PACU nurse, and left the PACU.

REQUEST NO. 4: Admit that the patient, Brett Lovelace, was lying in a prone position face-down, knees to chest and breathing abnormally at the time he was transferred to the PACU nurse, Kish.

REQUEST NO. 5: Admit that you never personally assessed the patient, Brett Lovelace, at any time subsequent to the T&A surgery during the time when he was in the PACU.

REQUEST NO. 6: Admit that you only assessed the patient's condition after the initiation of the code, which was more than an hour subsequent to the completion of his T&A surgery.

REQUEST NO. 7: Admit that you completely relied upon hospital personnel or others (CRNA) to assess and care for your patient, Brett Lovelace, following surgery and during the time that he was in the PACU.

REQUEST NO. 8: Admit that you failed to determine and ensure that Brett Lovelace had fully emerged from, was conscious and recovered appropriately from the anesthetic that you gave him prior to the removal of his endotracheal tube.

REQUEST NO. 9: Admit that Brett Lovelace's tidal volumes prior to extubation were a mere 145- 180 cc's, which is a very small tidal volume for an 81 kg child, and that this tidal volume documented with hypercarbia makes it unlikely that Brett was ventilating adequately at the time of extubation.

REQUEST NO. 10: Admit that Brett's high end tidal CO₂ level of 56 torr, as recorded on the anesthetic record, support the assertion that appropriate assessment and attention would have prevented Brett's subsequent hypoxemia and acidosis.

REQUEST NO. 11: Admit that you failed to ensure adequate ventilatory support in a patient who was obese, with an admission history of sleep apnea.

REQUEST NO. 12: Admit that based upon the recordings of the initial arterial blood gas (ABG) the patient had hypercarbia resulting in a prolonged period of hypoventilation consistent with a patient who was extubated in a non-fully awakened state and without appropriate assurance he was maintaining an adequate respiratory rate and tidal volumes.

REQUEST NO. 13: Admit that you failed to ensure that Brett Lovelace had adequate oxygen supplementation in the post anesthesia care unit (PACU).

REQUEST NO. 14: Admit that you failed to determine, require and ensure that Brett was appropriately monitored in the PACU.

REQUEST NO. 15: Admit that a patient in prone, or knee-chest position, is difficult to monitor and ensure that they have adequate oxygenation.

REQUEST NO. 16: Admit that, as an anesthesiologist, your care and treatment of the patient does not end with the completion of the surgery proper, but continues until the patient is fully awakened and breathing normally.

REQUEST NO. 17: Admit that the standard of care for this patient, viz., to fully awaken him in the PACU, was not followed and that, as a result thereof, Brett Lovelace, a 12 year old boy, died.

REQUEST NO. 18: Admit that the drawing attached hereto and identified as Ex. “B” [Brett Lovelace’s Postoperative Positioning & Mechanism of Asphyxia], is a fair and accurate depiction of Brett Lovelace at the time of his arrival in the PACU at 10:30 a.m. on March 12, 2013.

REQUEST NO. 19: Admit that the drawing attached hereto and identified as Ex. “C” [3/12/12 Head CT Findings], is a fair and accurate depiction of Brett Lovelace’s brain showing diffuse cerebral edema with loss of sulci and compression of ventricular system after he went into cardiac arrest in the PACU at 11:59 a.m. on March 12, 2013.

REQUEST NO. 20: Admit that the drawing attached hereto and identified as Ex. “D” [3/14/12 Head CT Findings – showing brain dead], is a fair and accurate depiction of Brett Lovelace’s brain subsequent to the occurrence of his cardiac event at 11:59 a.m. on March 12, 2013.

REQUEST NO. 21: Admit that the drawing attached hereto and identified as Ex.

“E” [Adenoidectomy and Tonsillectomy Surgery], is a fair and accurate depiction of the surgery performed on Brett Lovelace by Dr. Mark P. Clemons at approximately 9:19 a.m. on March 12, 2013 at Le Bonheur Children’s Hospital.

REQUEST NO. 22: Admit that the drawing attached hereto and identified as Ex.

“F” [Cerebral Edema and Hypoxia], is a fair and accurate depiction of what happened to Brett Lovelace’s brain during the time that his airway was blocked and he was in respiratory distress and unattended in the PACU subsequent to his T&A surgery on March 12, 2013 at Le Bonheur Children’s Hospital.

REQUEST NO. 23: Admit that the drawing attached hereto and identified as Ex.

“G” [Normal Brain - Herniations], is a fair and accurate depiction of a normal brain prior to and after an event of the sort that occurred to Brett Lovelace after the T&A surgery of March 12, 2013 at Le Bonheur Children’s Hospital.

REQUEST NO. 24: Admit that the drawing attached hereto and identified as Ex.

“H” [Timeline of Care], which was created from the actual Le Bonheur Hospital medical records, is a fair and accurate chronology of the medical care rendered to Brett Lovelace on March 12, 2013 at Le Bonheur Children’s Hospital.

Respectfully submitted,

HALLIBURTON & LEDBETTER



MARK LEDBETTER AR# 74175
Attorney for Plaintiffs TN#17637
254 Court Avenue, Suite 305
Memphis, TN 38103
(901) 523-8153-phone
(901) 523-8115-fax

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing has been properly served upon all counsel of record identified below via the Court's ECF filing system

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Attorneys for Babu R. Paidipalli & Pediatric Anesthesiologists, P.A.
901/525-8776 – phone
901/525-8790 – fax
amclean@hard-law.com

This 3rd day of July, 2013.



MARK LEDBETTER, Certifying Attorney

Patient Name: LOVELACE, BRETT S
Facility: LE BONHEUR

MRN: 45854994
FIN: 68859557

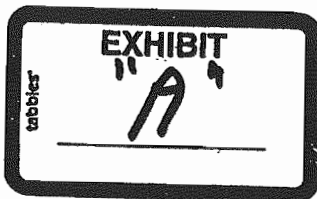


AS 68859557 45854994-2
Le Bonheur FIN
LOVELACE, BRETT S
08/21/1999 12Y M/W
CLEMONS, MARK
03/12/12

SURGICAL/SPECIAL PROCEDURE HISTORY & PHYSICAL

HISTORY FINDINGS Present Illness Include Indications & Symptoms: <u>long months later</u> <u>Red & hard</u> <u>hard to touch</u> Current Medications: <u>Penicillin</u> Allergies/Reactions: <u>Penicillin</u> Relevant Past Medical History: Review Of System: <u>Lung & chest</u> Bleeding Tendency: Family Anesthesia History: Drug Sensibilities: Immunizations:		POST OPERATIVE PROGRESS NOTES: Surgeon: <u>Chen</u> Assistants: <u>P</u> Pre-Op Diagnosis: <u>Hydrocele</u> Post-Diagnosis: <u>Same</u> Procedure: <u>SPA</u> Findings: <u>Massive hydrocele</u> Specimens: <u>SPA</u> Transfusions: <u>0</u> Drains / Tubes: <u>Massive hydrocele</u> Estimated Blood Loss: <u>200ml</u> Fluid Replacements: <u>LR</u> Disposition / Complications: <u>Discharge</u> Convert to Inpatient (MUST WRITE ADMIT ORDER) Convert to 23Hr. Obs. (MUST WRITE ADMIT ORDER) Signature: <u>Chen</u> MD/DO# <u>01533</u> Date <u>8-12-12</u> Time <u>10:00</u>	
PHYSICAL FINDINGS General Appearance / Mental Status: <u>Within Normal Limits</u> Head / Neck (Loose Teeth): <u>Yes</u> Visual Acuity (When Indicated): <u>2+</u> Heart: <u>2+</u> Lungs: <u>2+</u> Abdomen (Pelvic / Rectal If Appropriate): <u>2+</u> Extremities / Neurologic: <u>2+</u> Genitalia: <u>2+</u> Other: Planned Procedure: <u>SPA</u> Signature: <u>Chen</u> MD/DO# <u>01533</u> Date <u>8-12-12</u> Time <u>10:00</u>		POST OP: Discharge Orders <input type="checkbox"/> Outpatient <input type="checkbox"/> 23 Hr. <input type="checkbox"/> A.M. Admit <input type="checkbox"/> Reg. Admit Today's Date: _____ Time _____ Discharge Instructions: Activities: <input type="checkbox"/> Routine <input type="checkbox"/> Other: Diet: <input type="checkbox"/> Routine <input type="checkbox"/> Other: I.V. / Medications: Special Instructions:	
H & P UPDATE H&P Reviewed / With Changes As Documented: <u>NA</u> Signature: <u>Chen</u> MD/DO# <u>01533</u> Date <u>8-12-12</u> Time <u>08:32</u>		PHYSICIAN'S ORDERS <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> 23 Hr. <input type="checkbox"/> A.M. Admit <input type="checkbox"/> Reg. Admit Date Of Admit: _____ Date Of Surgery: _____ Admitting Diagnosis: Consent To Say: Lab: Lab: Radiology: Meds: Meds: Other: Attending Physician is: Signature: _____ MD/DO# _____ Date _____ Time _____	
DISCHARGE NOTE: Physician Signature: _____ Initials: _____ Date: _____ Pager: _____ MD # _____ Nurse Practitioner: Signature: _____ MD/DO# _____ Date _____ Time _____ Note: Only One Signature Required If The Same Physician Completes The H&P & Order Sections			

P6001751.0907 REV



Patient Name: LOVELACE, BRETT S
Facility: LE BONHEUR

MRN. 45854994
FIN: 68859557

Le Bonheur
Children's Hospital

**ANESTHESIA
EVALUATION**

3/12/12
Date of Surgery

68859557 45854994-2
MRN
Le Bonheur FIN
LOVELACE, BRETT S
08/21/1999 12Y M/W
CLEMONS, MARK

PRE-OPERATIVE HISTORY

Pre-Op Diagnosis: <u>adenotonsillar hypertrophy</u>				Proposed Operation: <u>tonsillectomy, adenoidectomy</u>	
Age: <u>12</u>	Sex: <u>M</u>	Race: <u>W</u>	Wt: <u>41 kg</u>	LMP: <u></u>	Lab: <u></u>
Allergies: <u>Serogel</u>				Medications: <u></u>	
Systems Review (Describe all positives at right)					
CNS: Seizures ADHD		learning disability very emotional			
Cardiac: Murmur HTN Arrhythmia		to use pm before + am of surgery			
Pulmonary: Wheezing Asthma URI		last wheezed Nov 2011; @snore @ gasps			
Endocrine: Diabetes Thyroid		@			
GI: Reflux Hepatitis		@			
Hematologic: SCD Anemia Bleeding		@ - no facu hx			
Hemomuscular: MH Muscle Disease		hx @ wrist fracture, @ arm x'z, @ leg cast only			
Prematurity BW Gest Age		@ complications			
Renal		@			
Other					

Prev. Anes. Experience: @ previous surgery

Maternal grandmother: Lips + mouth blister + EA
Signature: Elizabeth S. Hinson MD Date: 3/8/12 Time: 1342
hx on phos per mom, Helen Lovelace

PRE-OPERATIVE ASSESSMENT/EXAM

Date: <u>3/12/12</u>	Time: <u>8:53</u>	ASA Physical Status: <u>1</u> 2 3 4 5 E
Cardiac: <u>Regular rhythm - AED monitor</u>	Immediate Pre-Op Reassessment	
Pulmonary: <u>clinically clear</u>	Date: <u>3/12/12</u> Time: <u>8:53</u>	
Airway: <u>OK</u>	NPO Since: <u>03:30 3/11/12</u>	
Dentition: <u>OK</u>	Chart Reviewed: <u></u>	
Pre-Med: <u>NO</u>	Staff Signature: <u>S. Lowery</u>	
Proposed Anesthesia: <u>Propofol</u>	Signature: <u>Vanilla</u>	
Anesthesia Risks, Benefits Alternatives Discussed With: <u>Parent</u>	Signature: <u>Lowery</u>	
	<input type="checkbox"/> Staff <input type="checkbox"/> Resident <input type="checkbox"/> CRNA	

POST-OPERATIVE FOLLOW-UP

Date: <u></u>	Time: <u></u>
Signature: <u></u>	
<input type="checkbox"/> Staff <input type="checkbox"/> Resident <input type="checkbox"/> CRNA	

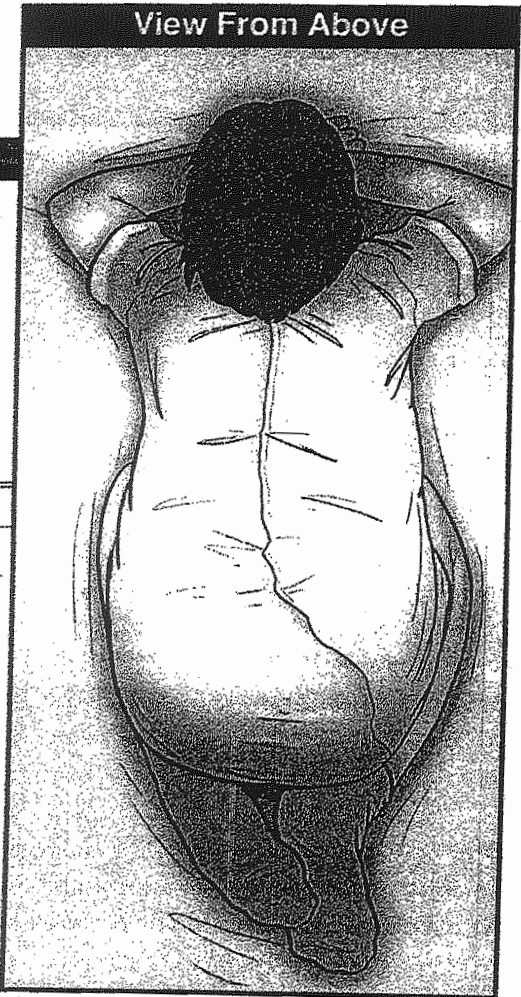
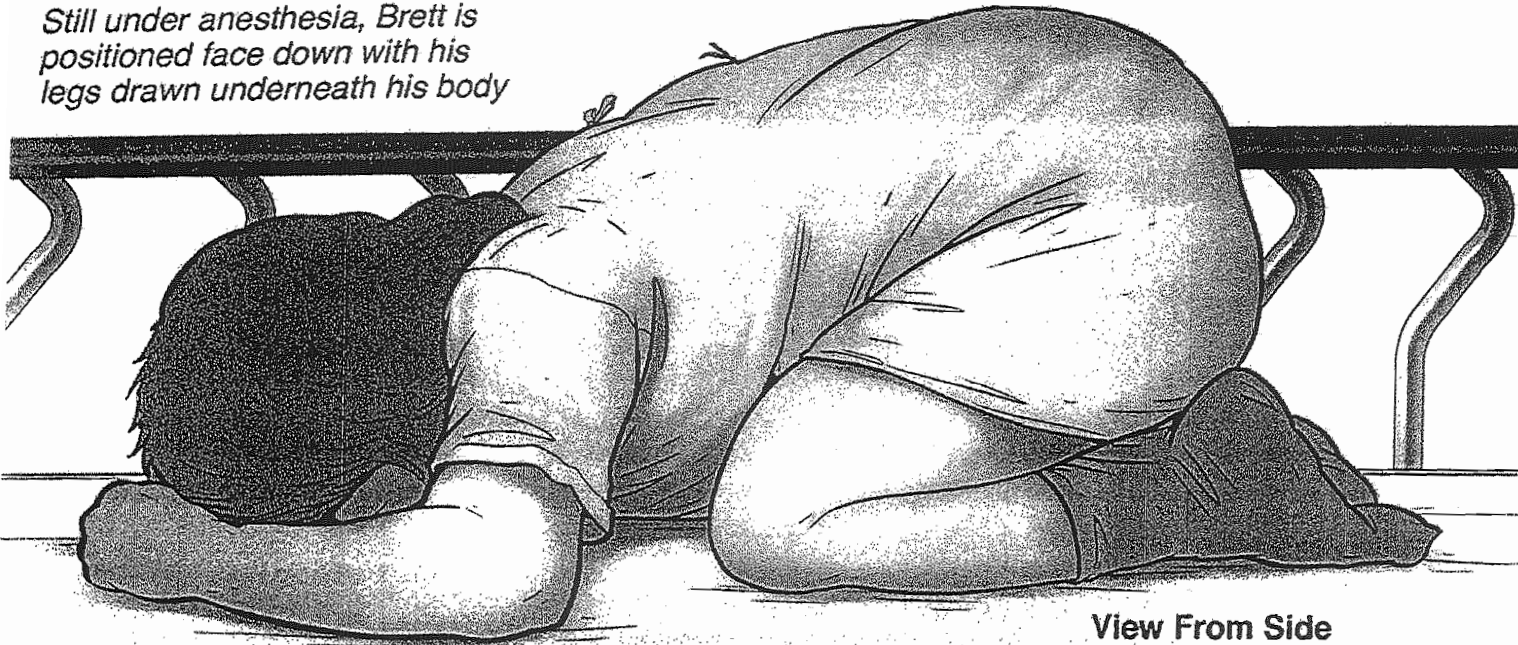
SAP#240490510 REV

Le Bonheur Children's Hospital, Memphis, TN
White - Chart Copy Yellow - Dept. Copy

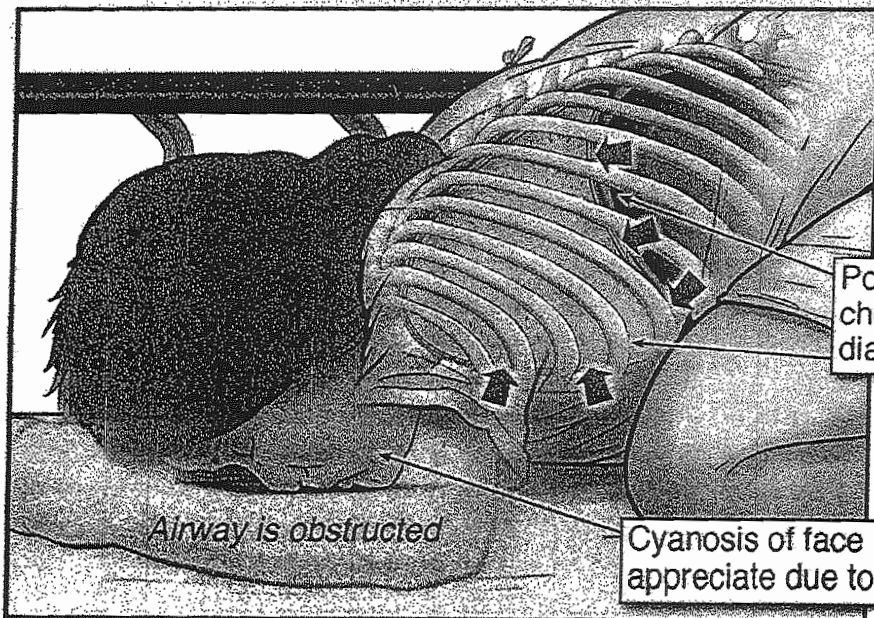


Brett Lovelace's Postoperative Positioning & Mechanism of Asphyxia

Still under anesthesia, Brett is positioned face down with his legs drawn underneath his body



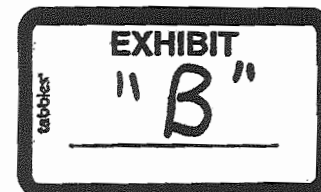
© 2013 MediVisuals, Inc.



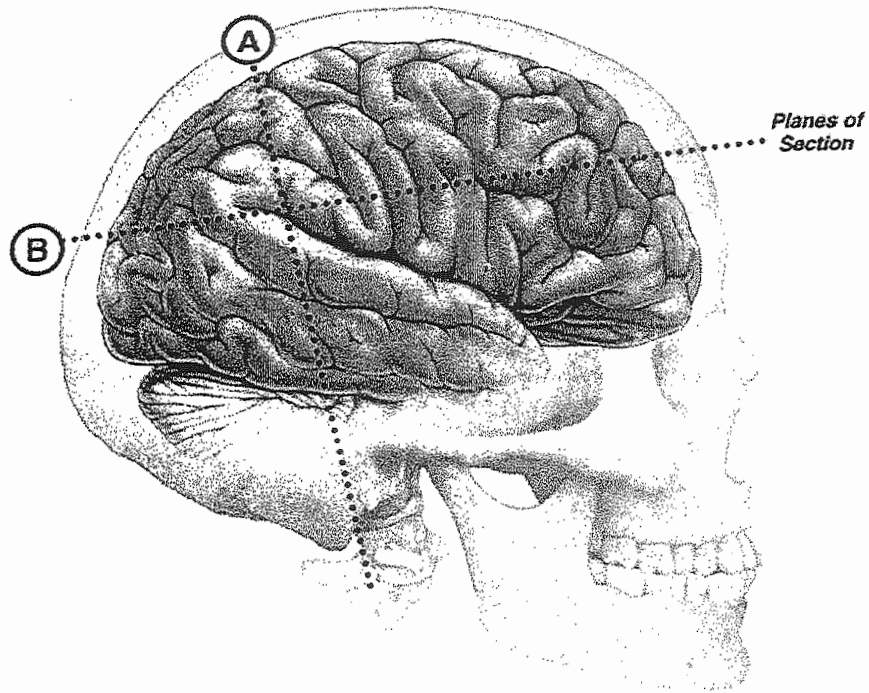
Position causes compression of chest and abdomen, impairing diaphragmatic expansion

Airway is obstructed

Cyanosis of face difficult to appreciate due to positioning

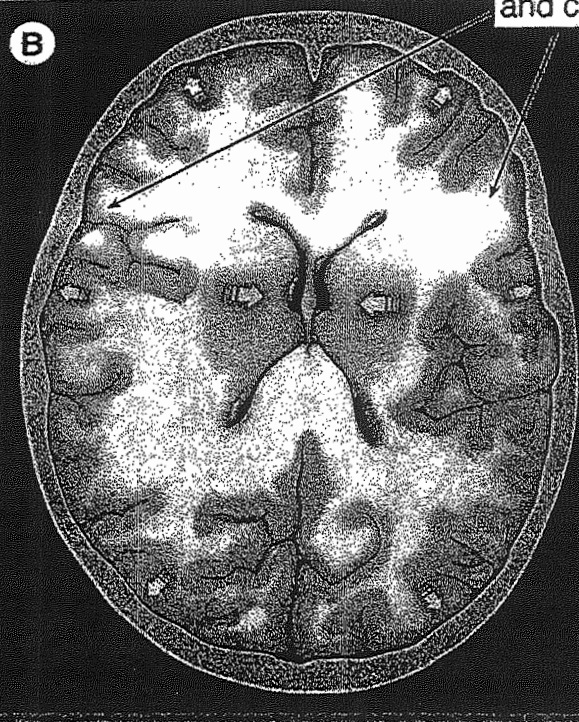


3/12/12 Head CT Findings

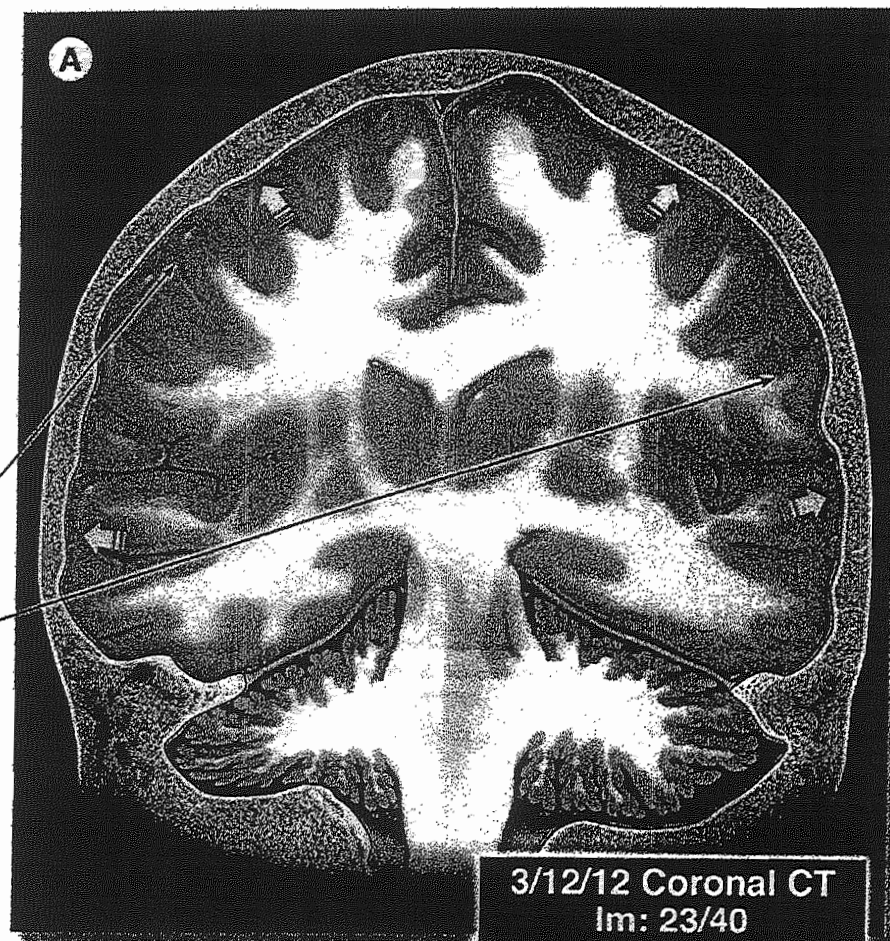
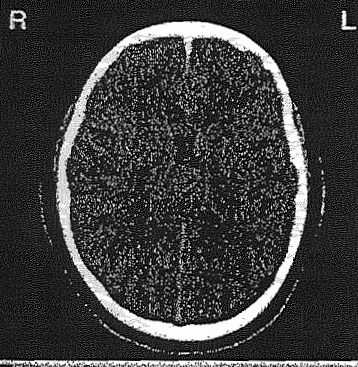


Axial View of Head

Diffuse cerebral edema with loss of sulci and compression of ventricular system



3/12/12 Axial CT
Im: 19/33



Coronal View of Head

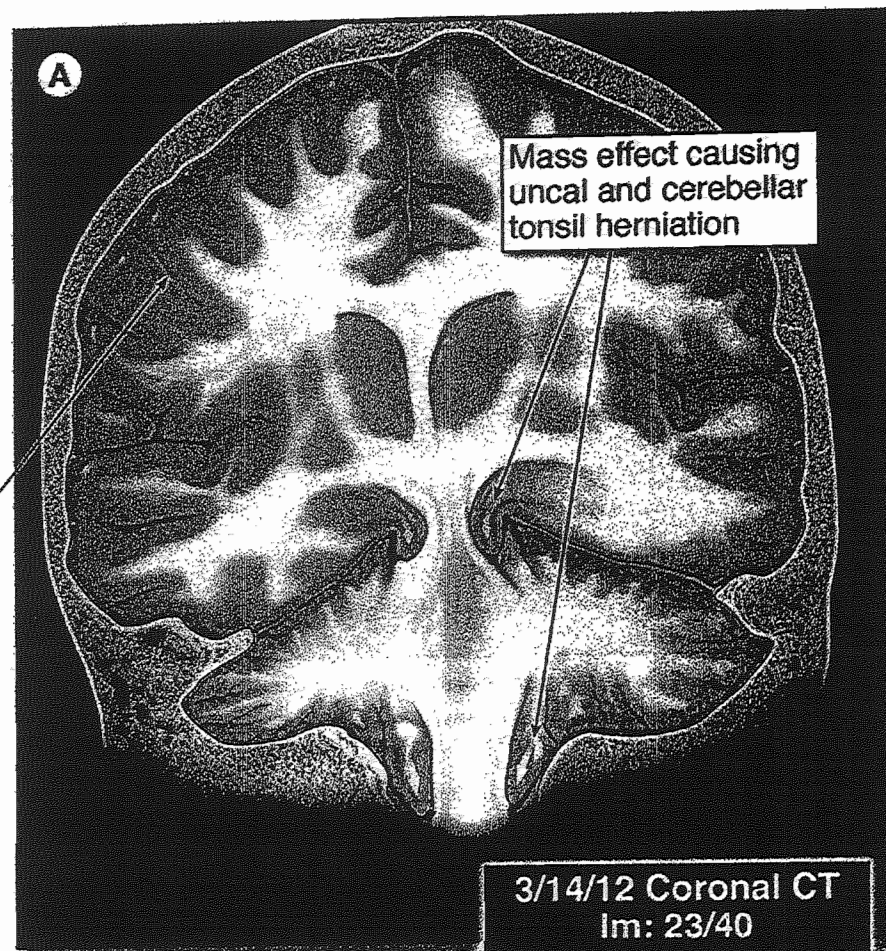
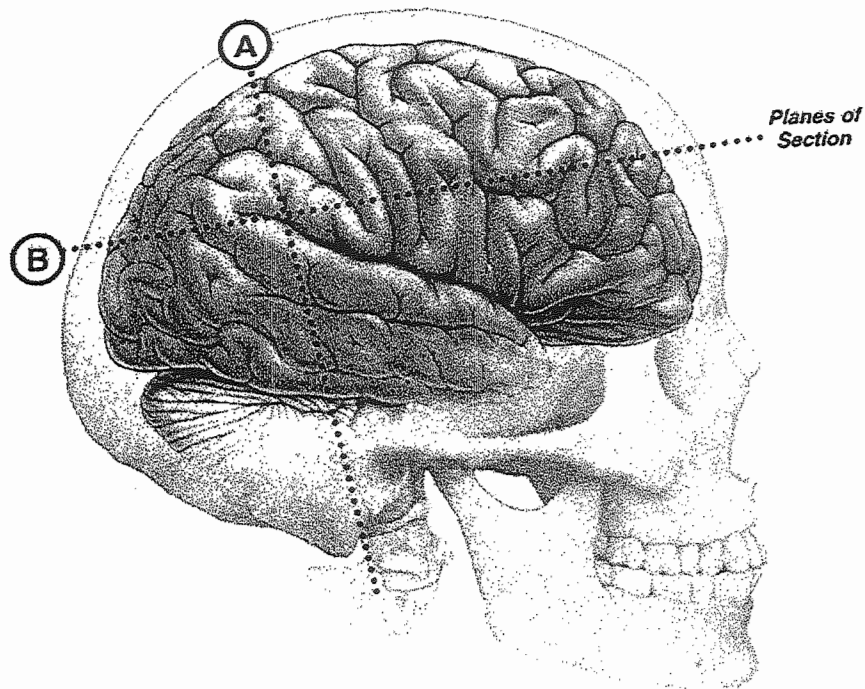
3/12/12 Coronal CT
Im: 23/40



EXHIBIT

"C"

3/14/12 Head CT Findings



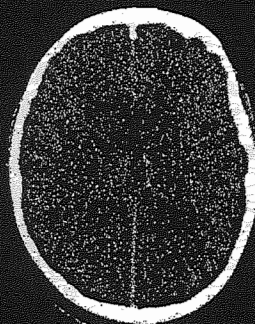
Axial View of Head

Severe intracranial edematous changes with near complete effacement of sulci, cisterns and the ventricular system

Findings consistent with brain death

3/14/12 Axial CT
Im: 20/34

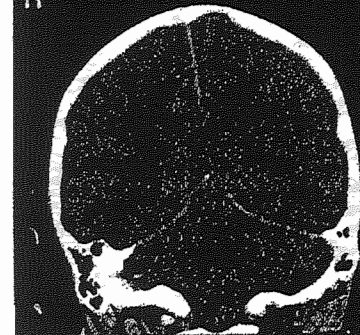
R L



Coronal View of Head

3/14/12 Coronal CT
Im: 23/40

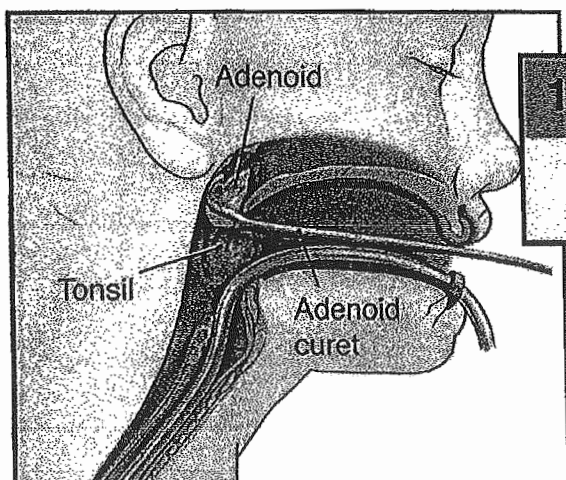
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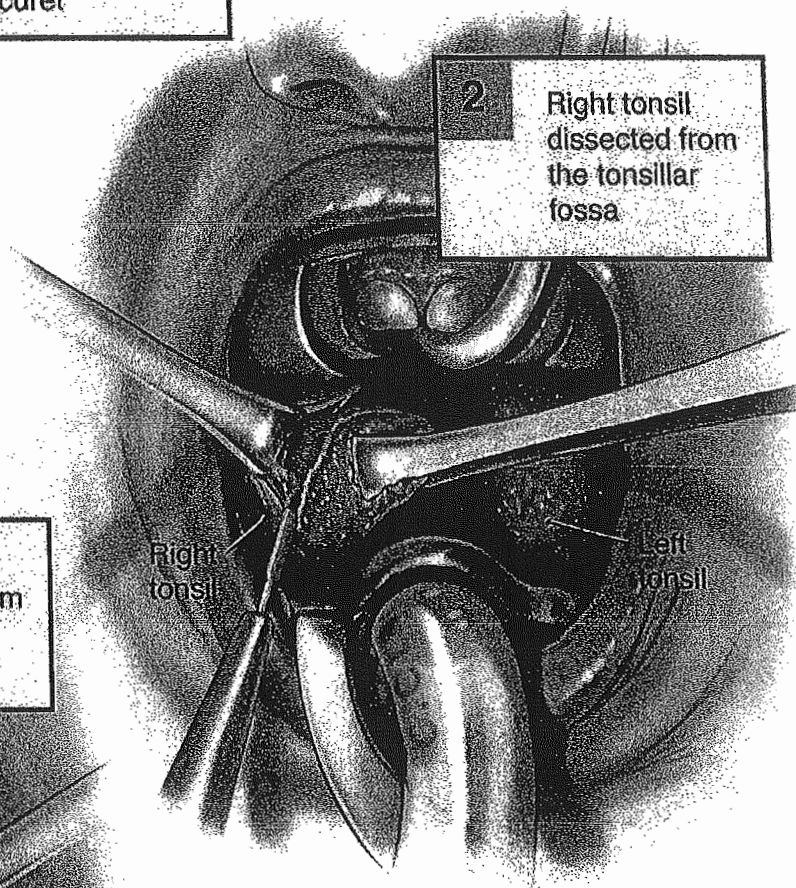
EXHIBIT

"D"

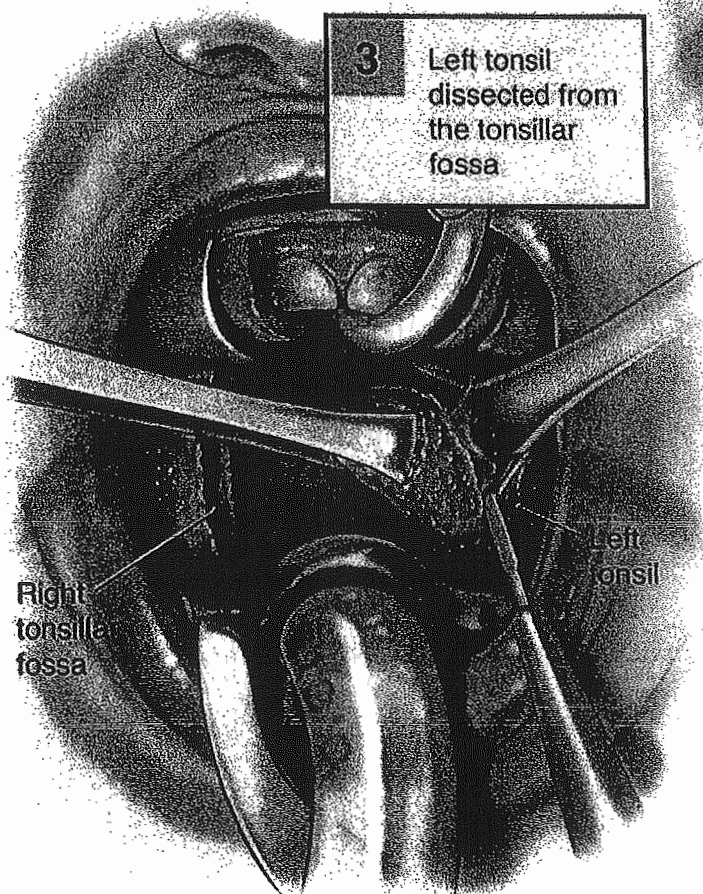
Adenoidectomy and Tonsillectomy Surgery



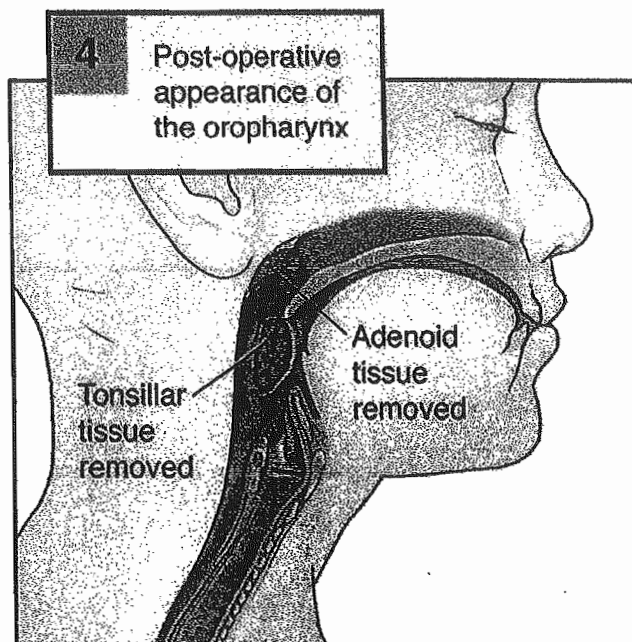
1 Midline adenoid tissue removed with an adenoid curet



2 Right tonsil dissected from the tonsillar fossa



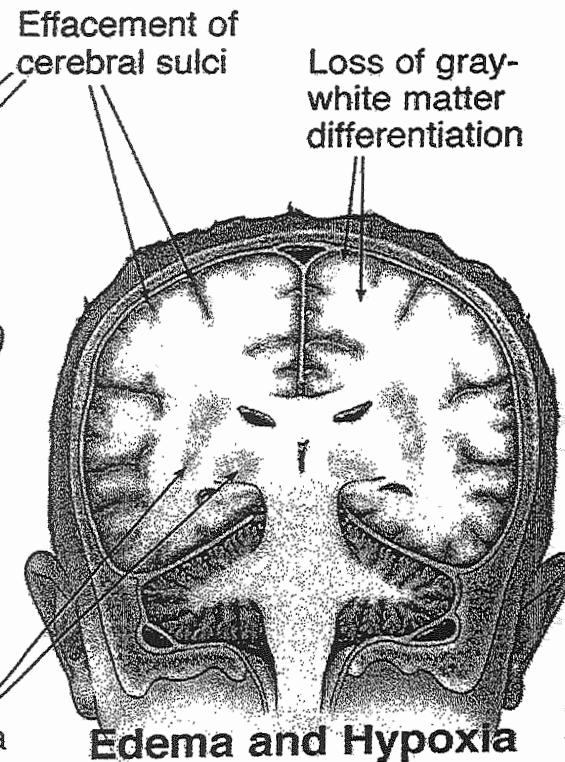
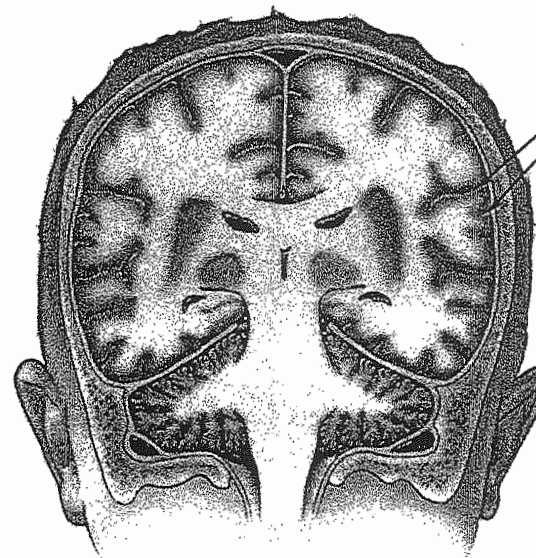
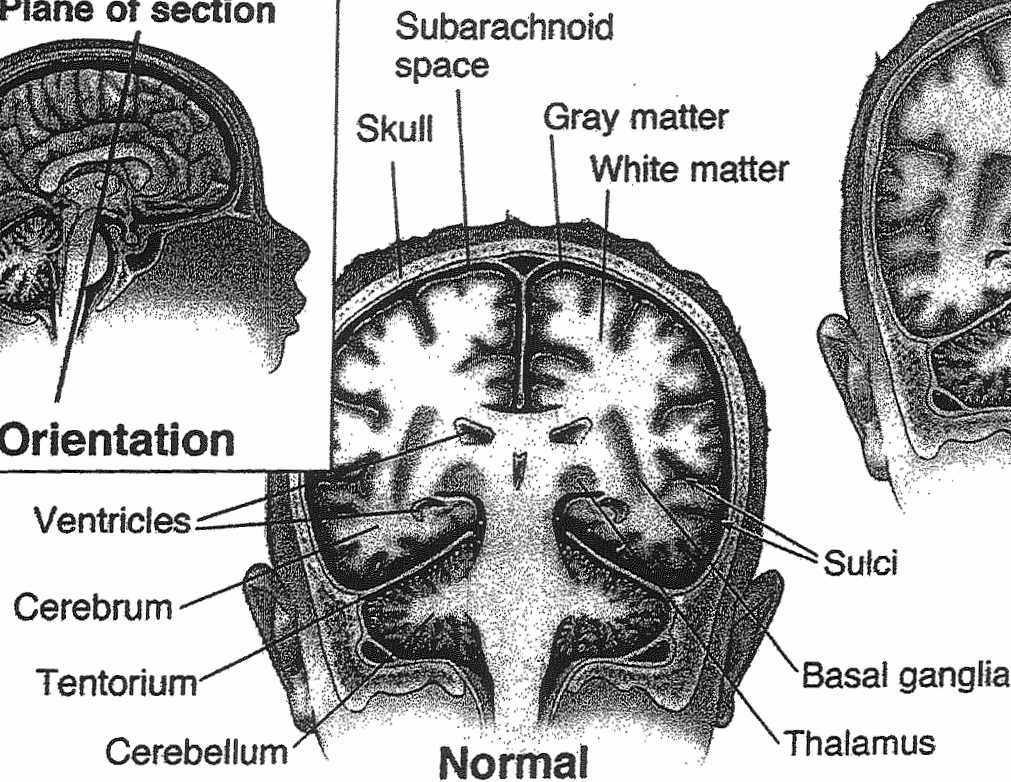
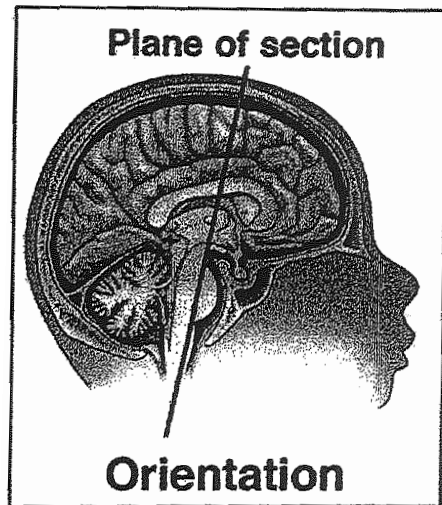
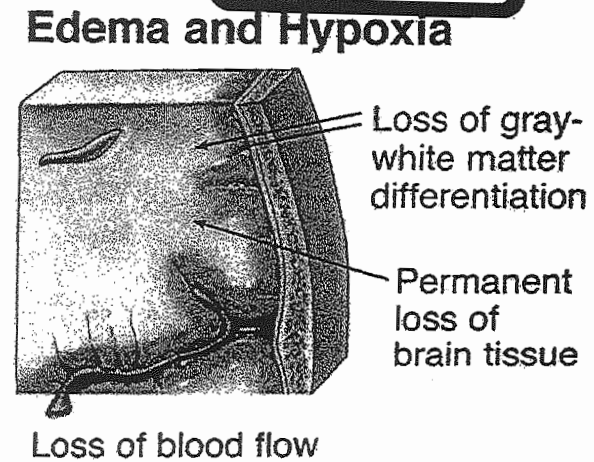
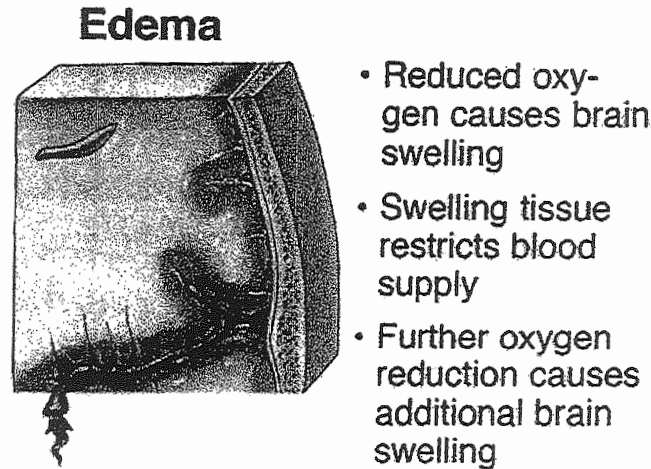
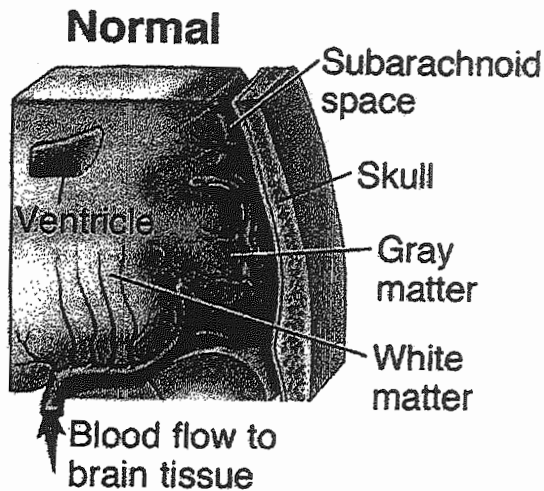
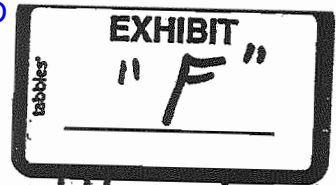
3 Left tonsil dissected from the tonsillar fossa



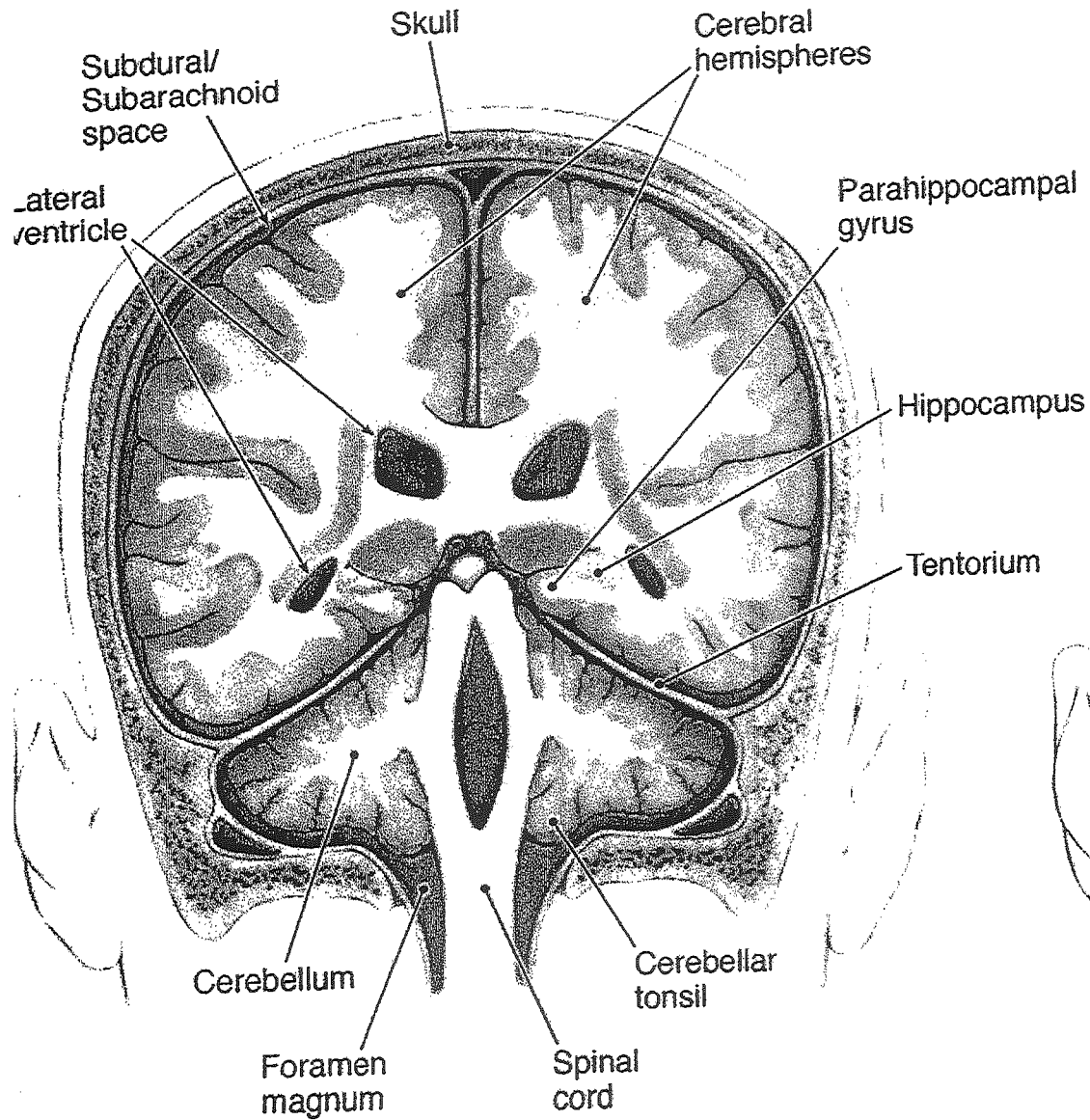
4 Post-operative appearance of the oropharynx



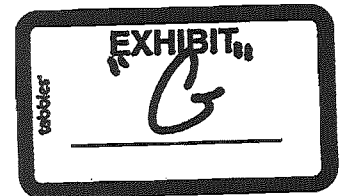
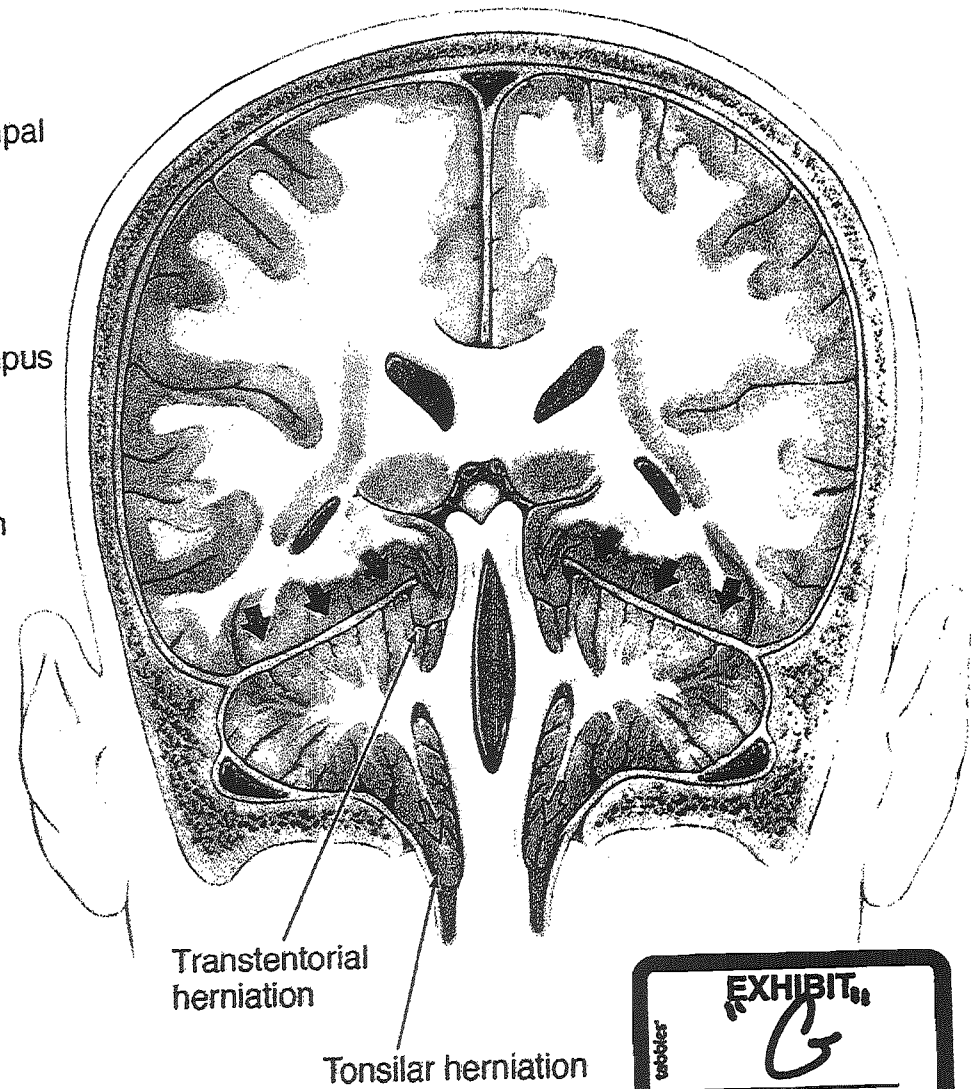
Cerebral Edema and Hypoxia



Normal Brain



Herniations



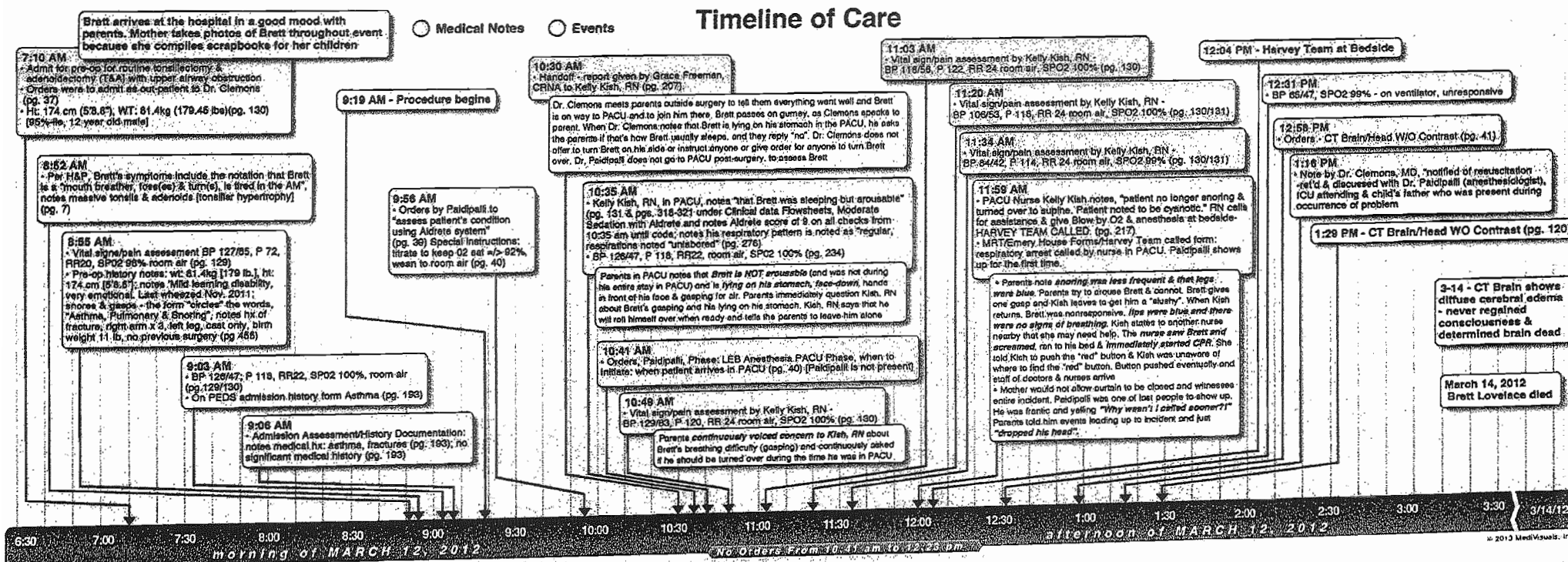


EXHIBIT
"H"